C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/13/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
eight sessions of occupational therapy for the lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for eight sessions of occupational therapy for the lumbar spine is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination 08/14/12
Pre-authorization review 08/14/12
Utilization review determination letter 08/23/12
Pre-authorization review 08/23/12
Prospective review (M2) response 08/24/12
Physical therapy outpatient records 08/07/12
Pre-authorization review 06/29/12
Therapy authorization request 06/25/12
Physical therapy prescription evaluate and treat 06/18/12
Physical therapy chart charge sheet no date
Physical therapy outpatient notes 06/25/12
MRI lumbar spine 05/25/12
Progress note 06/15/12
New patient evaluation 07/03/12
Medical records/peer review 07/20/12.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained an injury to the low back on xx/xx/xx. He bent over and experienced onset of low back pain. He was treated conservatively with chiropractic, physical therapy, oral medications and work restrictions. An MRI of the lumbar spine dated 05/25/12 revealed multilevel minimal degenerative changes and small disc bulges causing minimal central canal and mild neural foraminal narrowing. He also underwent epidural steroid injection without significant relief. Records indicate the claimant was determined as not a surgical candidate per orthopedic spine evaluation. Per progress note dated 06/15/12, the claimant continues to be sore in his back. He is working out in the pool and cycling. Examination of the back reported range of motion with pain worse with extension. Sacroiliac

joints were non-tender, negative Faber's. There was tenderness to palpation in the lumbar spine in the paraspinal muscles. Straight leg raise was negative bilaterally. There was full painless range of motion in the bilateral lower extremities. Neurological examination reported negative Babinski. Coordination was within normal limits. Gait was normal. Motor strength was 5/5 in both lower extremities. Reflexes were 2+ at the bilateral knees and ankles. Sensation was intact to light touch L2 to S1 in both lower extremities. A request for eight sessions of occupational therapy for the lumbar spine was reviewed on 08/14/12 and the request was denied by physician advisor who noted that the claimant was almost eight years status post lumbar sprain/strain injury. Advanced imaging was noted to demonstrate minimal degenerative changes. The records indicate the claimant has already completed physical therapy and routine chiropractic treatment. Therefore the potential of benefit from additional skilled therapy is minimal at this stage. The claimant was noted as working out at a pool and cycling. The records fail to suggest skilled therapy would outperform compliance with a self-directed program. Most appropriate treatment at this time would be continuation of exercises learned in therapy and continuation of general fitness program. It was further noted that the requested therapy greatly exceeds recommendations of Official Disability Guidelines in regard of number of therapy sessions and duration.

A reconsideration request for occupational therapy eight visits for lumbar spine was reviewed on 08/23/12 and the request was denied by physician advisor who noted that there was no indication in the medical records stating necessity of aquatic therapy over land based therapy and based on this lack of documentation the request is not medically supported.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant is noted to have sustained an injury to the low back in xx/xx. This was noted to be a lumbar sprain/strain injury. MRI revealed multilevel minimal degenerative changes with no focal disc herniation or significant central canal or foraminal stenosis. Records indicate the claimant previously completed physical therapy and chiropractic treatment. Progress notes indicate that the claimant was working out in the pool and cycling. It appears that the claimant has had sufficient formal supervised therapy as per the ODG and the records indicate he is capable of independently performing a home exercise program and general fitness program including cycling and exercising in the pool. It is the opinion of the reviewer that the request for eight sessions of occupational therapy for the lumbar spine is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
[ ] INTERQUAL CRITERIA
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
[ ] TEXAS TACADA GUIDELINES
[ ] TMF SCREENING CRITERIA MANUAL
[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)